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PTO/SB/30 (08-00)
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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/052,575
	<u> </u>
Filing Date	January 18, 2002
First Named Inventor	Brent Magouirk
Group Art Unit	2167
Examiner Name	Cheryl Renea Lewis
Attorney Docket Number	S77.12-0001

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

NOTE: 37 C.F.R. § 1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. § 1.53 (d) (PTO/SB/29) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA. See Changes to Application Examination and Provisional Application Practice, Final Rule, 65 Fed. Reg. 50092 (Aug. 16, 2000); Interim Rule, 65 Fed. Reg. 14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office 47 (Apr. 11, 2000), which established RCE practice.

1. Submission required under 37 C.F.R. § 1.114											
a. □ Previously submitted											
	i.		Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on								
					rred to above will be ente						
	ii.		Consider the arguments in the Appea	al Brief or Rep	ly Brief previously	filed on					
			Other		_						
b. ⊠											
	i.	X	· ····································								
			Affidavit(s)/Declaration(s)								
			Information Disclosure Statement (ID	•							
			Other		_						
2. Miscellar						0 5 5 0 4 400() (
			on of action on the above-identified ap								
			f months. (Period of suspension	n shall not exceed 3	months; Fee under 37 C.	.F.R. § 1.17(i) required)					
b. 🗆 C											
			er 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114			noid or cradit any					
a. ⊠			ector is hereby authorized to charge th		s if not otherwise	paid, or credit any					
			ments, to Deposit Account No. 23-1								
	Ì. ::		RCE fee required under 37 C.F.R. §	• /							
	ii.			36 and 1.17)							
L 157			Other of \$395.00 enclos								
b. ⊠				eu							
c. D Payment by credit card (Form PTO-2038 enclosed)											
			SIGNATURE OF APPLICANT, ATTO	RNEY OR AGEN	T REQUIRED						
Nome (Print (Tunal			-	(Attomey/Agent)	45,844					
Name (Print /Type) Christopher L. Holt			inistopher L. Holt		, , , ,	45,044					
Signature				Date	3/14/2005						
CERTIFICATE OF MAILING OR TRANSMISSION											
I hereby certify t	hat th	is corre	spondence is being deposited with the United States F	Postal Service with s	ufficient postage as first o	class mail in an envelope					
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:											
Name (Print/T)	/pe)	Ch	ristopher L. Holt								
Signature	Wistapaur Z. Holb Date 3/14/2005										
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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				Complete if Ki	nown					
MIPE			Apr	Application Number		0/052,577				
FEE TRANSMITTAL						January 18, 2002				
MAR 1 6 2005 For FY 2005						rent Magouirk et a	l.			
MAR 1 6 2005 H				Examiner Name		167				
·国 Applicant claims sr	mall entity status	s. See 37 CFR 1.27	,	Unit		heryl Lewis				
TOTAL AMOUNT OF		·· [1 211			77.12-0001				
TOTAL AMOUNT OF	PATMENT	(\$) 25	Atto	rney Docket Number	er		·			
METHOD OF PAYME	METHOD OF PAYMENT (Check all that apply)									
 ☑ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (Please Identify): ☑ Deposit Account - Deposit Account Number: 23-1123 ☐ Deposit Account Name: Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☑ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit card Information and authorization on PTO-2038. 										
FEE CALCULATION				· · · · · · · · · · · · · · · · · · ·			<u></u>			
1. BASIC FILING, SI	•									
Application Type	FILING FEES Small E Fee (\$) Fee (ntity	RCH FEES Small Entity) Fee (\$)		TION FEE Small En Fee (\$)	tity	es Paid (\$)			
	300 150		250	200	100					
Design Plact	200 100 200 100		50 150	130 160	65 80.					
Reissue	300 150		250	600	300					
Provisional	200 100		0	0	0					
2. EXCESS CLAIM Fee Description	FEES					<u>Fee</u>	Small Entity (\$) Fee (\$)			
Each claim over 20	or, for Reissues,	, each claim over 2	0 and more	than in the original p	patent	50	25			
Each independent c	laim over 3 or, fo	or Reissues, each i	independent	claim more than in	the origina	al patent 200	1,			
Multiple dependent	claims					360	180			
<u>Total Claims</u>		ktra Claims	Fee (\$)	Fee Paid (\$)		<u> </u>	ultiple Dependent Claims			
22 HP = highest number of tot	- 20 or HP =	1 x	25	= 25		<u>Fee</u> 18	(\$) <u>Fee Paid (\$)</u>			
Indep. Claims		ktra Claims	Fee (\$)	Fee Paid (\$)		10	<u> </u>			
4	- 3 or HP =	0 x	100	= 0						
HP = highest number of inc	dependent claims paid	d for, if greater than 3								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
<u>Total Sheets</u>	Extra Sh			additional 50 or fra			Fee Paid (\$)			
	- 100 = 0	/ 50 =	0	(round up to a whol	le number)	x <u>125</u>	= <u>Q</u>			
4. OTHER FEE(S) Fee(s) Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount) Other:										
SUBMITTED BY										
Signature	Caris	tappol-	Z. W	Registra (Attorne	ntion No. y/Agent)	45,844	Telephone: 612-334-3222			
Name (Print/Type)	Christopher L.	-					Date: 3 14 0.5			